

09/751000

28  
2-12-01

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		43	11/30/01
FORMALITY REVIEW	J	87	02/14/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

< ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	9/6/01
2	9/6/01
3	9/6/01
4	9/6/01
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49	9/6/01
50	9/6/01

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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